STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395042	A. BLDG: 00 B. WING:	05/05/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
NIGHTINGALE NURSING AND REHAB CENTER STATE LICENSE NUMBER: **191302**	**607 EAST 26TH STREET** **ERIE, PA 16504**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on an Abbreviated Complaint Survey completed on May 5, 2023, it was determined that Nightingale Nursing and Rehab Center was not in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		
F 0684 SS=D		F 0684		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0684 SS=D	Continued from page 1 483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 0684	1. R1 Discharged 2. For all residents who have had new physician orders or all residents can potentially be affected by this practice: New physician orders in the last 30 days will be reviewed for completion and follow up that the order was initiated, by Director of Nursing or Designee. 3. All Nurses will be in serviced on completing new physicians' orders by the DON or designee 4. 25% of new physicians orders will be reviewed for completion, 5x weekly for 1 week by the DNS or Designee, then 2x weekly for 2 weeks by the DNS or designee, then monthly for 3 months, results of audits will be presented to QAA and recommendations based off of those audits. 5. Completion date 5-23-2023	Completion Date: **05/23/2023** Status: **APPROVED** Date: **05/15/2023**

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F 0684 SS=D	Continued from page 2 Based on review of clinical records and staff interviews, it was determined that the facility failed to accurately transcribe and act upon a physician's order to promote normal bowel regimen and/or prevent constipation for one of three residents reviewed (Resident R1). Findings include: Review of Resident R1's clinical record revealed an admission date of 2/23/23, with diagnoses that included diabetes, high blood pressure, and constipation. Review of a physician's progress note dated 2/27/23, at 9:13 a.m. revealed that the resident's appetite was not great, and he/she felt constipated. Physician's action / plan was to add Miralax (laxative) and Senokot-S (stool softener). Review of orders written by Resident R1's physician and signed and dated for 2/27/23, revealed orders for Miralax 17 grams (gm) by mouth every day and	F 0684		

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F 0684 SS=D	Continued from page 3 Senokot-S take two by mouth every day. Further review of the written order revealed that the nurse indicated that he/she noted (observed and initiated) the order for both the Miralax and Senokot on 3/1/23, or two days later. Review of Resident R1's medication administration record (MAR) revealed he/she received the first dose of Miralax at 8:00 a.m. on 3/2/23, and the first does of Senokot-S at 6:00 p.m. on 3/2/23. During an interview on 5/2/23, at 1:00 p.m. Director of Nursing confirmed that the 2/27/23, physician's order for Miralax and Senokot-S should have been noted on 2/27/23, and not two days later that delayed the administration of both medications. 28 Pa. Code 211.5(f) Clinical Records 28 Pa. Code 211.12(d)(1)(5) Nursing services	F 0684		
F 0842 SS=E		F 0842		

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F 0842 SS=E	Continued from page 4 483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;	F 0842	1. R1 Discharged R2 Discharged R3 Discharged 2. Bowel elimination documentation will be reviewed for bowel movements on current residents. 3. Certified Nursing Assistants, Licensed Practical Nurses, Registered Nurses will be in serviced on bowel movement documentation by the Director of Nursing or Designee 4. 25% of bowel elimination documentation will be checked 5x weekly for completion x2 weeks by the DNS or Designee, then 1x weekly for 2 weeks, then Monthly x3 months and results will be presented to QAA and recommendations based on those audits. 5. Completion date 5-23-2023	Completion Date: **05/23/2023** Status: **APPROVED** Date: **05/18/2023**

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F 0842 SS=E	Continued from page 5 (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.	F 0842		

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F 0842 SS=E	Continued from page 6 This REQUIREMENT is not met as evidenced by:	F 0842		

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F 0842 SS=E	Continued from page 7 Based on review of clinical records and staff interviews, it was determined that the facility failed to maintain accurate and complete documentation related to bowel movements for three of three residents reviewed (Residents R1, R2, and R3) Findings include: Review of Resident R1's clinical record revealed an admission date of 2/23/23, with diagnoses that included diabetes, high blood pressure, and constipation. Review of Resident R1's bowel elimination flow sheet for the time period between 2/23/23, and 3/11/23, lacked documentation to indicate if Resident R1 had a bowel movement 23 of the 50 (46%) documentation opportunities. Review of Nurse Practitioner's progress note dated 3/2/23, indicated Resident R1 had a small bowel movement last night (3/1/23) and review of order administration note dated 3/2/23, indicated that the	F 0842		

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F 0842 SS=E	Continued from page 8 Milk of Magnesia that was administered earlier in the day was effective. There was no documented evidence on the bowel elimination flow sheet that Resident R1 had a bowel movement on 3/1/23, or 3/2/23. Review of Resident R2's clinical record revealed an admission date of 2/28/23, with diagnoses that included diabetes, high blood pressure, and dementia. Review of Resident R2's bowel elimination flow sheet for the time period between 2/28/23, and 3/31/23, lacked documentation to indicate if Resident R2 had a bowel movement 32 of the 95 (34%) documentation opportunities. Review Resident R3's clinical record revealed an admission date of 3/21/23, with diagnoses that included arthritis, constipation, and chronic obstructive pulmonary disease (respiratory disease	F 0842		

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F 0842 SS=E	Continued from page 9 that results in difficulty breathing). Review of Resident R3's bowel elimination flow sheet for the time period between 3/21/23, and 3/31/23, lacked documentation to indicate if Resident R3 had a bowel movement 13 of the 33 (39%) documentation opportunities. During an interview on 5/2/23, at 1:53 p.m. the Assistant to the Nursing Home Administrator confirmed that bowel documentation was not accurately completed for Residents R1, R2, and R3, and not only should it be completed every shift to identify if resident had a bowel movement or not, but should also reflect accurate information. 28 Pa. Code 211.5(f)(g)(h) Clinical records 28 Pa. Code 211.12(d)(1)(5) Nursing services	F 0842		

Certified End Page

NIGHTINGALE NURSING AND REHAB CENTER

STATE LICENSE NUMBER: 191302

SURVEY EXIT DATE: 05/05/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY